New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#				44			
	SECTION I: Parties and Term of Contracts							
1	Public Employer: To	olic Employer: Township of Hopewell			County:			
2	Employee Organizatio	Employee Organization:			Number of Employees in Unit: 19 full time			
3	Base Year Contract Te	erm: 2015		New Contract Term: Jan 2016-Dec 2018				
	SECTION II: Type of Contract Settlement (please check only one)							
4	Contract settled without neutral assistance							
5	Contract set	Contract settled with assistance of mediator						
6	Contract set	Contract settled with assistance of fact-finder						
7	Contract settled with assistance of super-conciliator							
8	If contract was settled		·	a report with recomm	mendations?			
	Yes No No	2**						
	SECTION III: Salary Base							
	The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.							
9	Salary Costs in Base Y	ear	\$ 1,104,858.51					
10	Longevity Costs in Bas	Longevity Costs in Base Year \$21,000.00		Admiliation and produce of the Control of the Contr				
11	Total Salary Base	Total Salary Base \$1,125,858						
SECTION IV: Salary Increases for Each Year of New Agreement*								
		Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	01/01/2016	01/01/2017	01/01/2018	A second control of the second control of th	And delineration of the control		
13	Cost of Salary Increments (\$)	26,778.60	45,765.36	29,929.64	A Committee of the Annual Control and Annual State (State of State	And the second of the second o		
14	Salary Increase Above Increments (\$)					- And American Control of Control of Marcock in John Control of Co		
15	Longevity Increase (\$)	2,500.00	2,000.00	0.00 p. do not consider the consideration of the co		g voldischer volg de derendel bedeen ziel den de delekter zwische der derende de volgen de Australia (
16	Total \$ Increase (sum of lines 13-15)	29,278.60	47,765.36	29,929.64		entrickel - tut til kannel som år til sennelle til sattline kallen kallen til som til sattline kallen til som til		
17	New Salary Base (\$)	1,155,137.11	1,202,902.47	1,232,832.11	melalatur lahusti dakada kamadha kamadha kamadha kamadha kamada kamada kamada kamada kar	is dear dath of the desired and a second attack the second and a second and a second a second a second as a second		
18	Percentage increase over prior year	2.6	4.1 %	2.48 %	**************************************	g all militarios proposes a secondo de la cresción de la cue de la		
	*If contract duration i	s longer than five yed	ars, please add an ac	dditional page.				

Empl	oyer: Township of	f Hopewell	Employ	yee Organization	n:	and the control of the second page of the property of the second of the	Page 2
	SECTION V: Incr	eases in Other (Contractual Econo			onomic Items*	
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
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			Per and the second of the seco	The state of the s			A series of regions and a series and a serie
20	*If contract duration	on is longer than f	ive years, please ac	dd an additional	page.	номнор	E. S.
A	SECTION VI: Med	dical Costs					
				Base Yea	r Year 1	Sale-Been and PLATFORD ACTIONS and too.	
21	Health Plan Cost			\$ ^{298,48}	3.36 \$ 312,96	4.12	
22	Prescription Plan Cost			\$ 81,93	4.08 \$ 93,67	9.20	
23	Dental Plan Cost			\$ 12,42°	4.20 \$ 10,36	6.68	
24	Vision Plan Cost			S .	PARTICIONE PARTICIONE PARTICIONE DE SE	SWINDLE AND TO SWINDLE AND THE SWIND AND THE SWIND AND THE SWINDLE AND THE SWIND AND T	
25	Total Cost of Insura	nce		\$ 392,84	1.64 \$ 417,01	0,00	
26	Employee Insurance	e Contributions		\$ 50,87	PARTY CONTRACTOR SCHOOL		
27	Employee Contributions as % of Total Insurance Cost				_% 18.04	%	

Page 2 of 3 (complete all pages)

Employer: Township of Hopewell Employee Organization: CWA					
Section	n VI: Medical C			Page 3	
28 Nego	Identify any in otiated higher	surance changes that were included in this copays on medical and Rx beginn	cna. ing contract year 2017		
	SECTION VII: 0	ertification and Signature			
29	The undersigned certifies that the foregoing figures are true:				
	Print Name: Position/Title:	Elaine Borges CFO	A compression of the opposition of the oppositio		
	Signature:	Claime Borges	paragraph did discharge (Colon Access (Colon		
	Date:	04/18/2017	representation have entitle accompany.		
	Send this comp form to: contr	leted and signed form along with an elects@perc.state.nj.us	ectronic copy of the contract and the s	signed certification	
	NJ Public Emplo Conciliation and PO Box 429	yment Relations Commission I Arbitration			
	Trenton, NJ 086	25			

Revised 8/2016

Phone: 609-292-9898